Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis, IN 46204

Licensee Name



Michael R. Pence Governor of Indiana Deborah J. Frye PLA Executive Director

**Expiration Date** 

## **Auction CE Provider and Pre-Course Provider Renewal**

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address

License Number

To renew, please complete this form in its entirety and submit it to the office address shown above.

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Street Address		<u> </u>
City	State	Zip Code
Phone Number	Email Address	
RENEWAL REQUIREMENTS		
Submit this completed renewal to Indiana Professional Licensing Agency by 2/28/2016.		
LIOTNOTE AFFIDMATION		
LICENSEE AFFIRMATION		
My signature below indicates our desire to renew the CE Sponsor relationship for another two (2) years and that we		
agree to periodic monitoring of our programs.		
Signature of Officer		Date (month, day, year)

Visit us on the web at <a href="www.pla.in.gov">www.pla.in.gov</a> for additional information regarding your licensure, or email the Board at <a href="pla9@pla.in.gov">pla9@pla.in.gov</a>.